

Evaluation of Awareness, approach and practices on condom usage among young people attending KIU-Teaching Hospital, Ishaka Municipality, Bushenyi District, Western Uganda

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ABSTRACT

Condom use is of greater benefit to the youths. It is a tool that serves a great deal in prevention of HIV/AIDS and HIV related infections, so are other STD/STIs and unwanted pregnancies. Despite such benefits, youths do not use condoms. Therefore, this study aimed at assessing the knowledge, attitude and practices of youths attending KIU-TH towards condom use in Ishaka municipality, Bushenyi district. The study design was cross sectional and descriptive, but data analysis was mainly quantitative. Sixty seven respondents were involved both male and female who were selected using a simple random sampling procedure. Knowledge of respondents was good as majority of the respondents 55 (82%) had ever heard of safer sex practices and 50 (91%) could describe safer sex practices rightly. Attitudes were poor as majority 46 (69%) had a negative attitude towards condom use. Reasons mainly given were: condoms are painful, reduce lubrication, cause sores, make sex unpleasurable. Practice was also poor as majority of respondents 42(63%) always had unsafe sex. It is recommended that the MOH should ensure that youths are equipped with adequate knowledge about condom use and in so doing; to help change the attitude of youths from being negative to positive in regards to condom use. This can be done through scheduling more educative programs to teach youths about the merits of safe sex. Health education talks can be done at community level, parish level or even conducted in schools (secondary schools, tertiary institutions or even universities). Parents should also come in here, to teach their children, especially those that have reached adolescent stage to always use condoms each time they want to have sex. Parents must explain to these adolescents the risks that they may face when they opt for unsafe sex.

Keywords: unsafe sex, condoms, youths, HIV.

INTRODUCTION

Literally, according to the Compact Oxford dictionary, safer sex is a sexual activity engaged in by people who have taken precautions to protect themselves against Sexually Transmitted Infections (STIs) such as HIV [1, 2, 3, 4].

According to [1, 5, 6, 7], a condom is a latex or rubber tubular sheath used during sexual intercourse to form a two-way barrier that prevents the passage of genital fluids and their contents, including organisms between sex partners. Condoms offer dual protection for the users against unwanted pregnancy and some STIs, and are one of the most

effective means of preventing the transmission of HIV [8, 9, 10, 11, 12]. STIs had been shown to facilitate HIV infection and therefore interventions to promote condom use are essential in efforts to slow the spread of HIV [2, 13, 14, 15].

According to [3], unsafe sex among the youths remains a serious public health challenge globally. Safer sex is the sexual activity considered by people who take precautions while having sexual intercourse in the view of protecting themselves from either being infected or avoiding unnecessary pregnancy through

effective utilization of interventions such as condoms [4, 16, 17, 18, 19, 20].

A study done by [5], documented that previous research showed that adolescents are particularly vulnerable to contracting HIV and STIs/STDs and most new HIV infections in Sub-Saharan African countries occurred among youths aged 18-35 years, with prevalence in this age-group exceeding 20% in several nations [6, 21, 22, 23]. Furthermore, teenage pregnancy also remained a serious issue with an estimated 13 million children were annually born to women under age 20 worldwide and an estimated 49 percent of the 28 million pregnancies each year were unplanned and 36 percent of the total pregnancies end in abortion [7, 24, 25, 26].

Studies done by [8], state that the rate of infections and unwanted pregnancies could be greatly reduced if simple and effective interventions such as the condom were consistently and effectively used by all youths who engaged in sexual relations [27, 28, 29, 30]. However, condom use among adolescents globally remains inadequate and adolescents still required guidance to temper their tendencies toward risk-taking and experimentation while lack of guidance left many unprepared to make the transition from childhood to adulthood [9, 31, 32, 33, 34].

However, a study done by [10] found out that despite the risks faced by youths due to unsafe sex, and despite all the efforts to sensitize adolescents about the dangers of unsafe sex and inadequate utilization of protective measures such as condoms, globally 65% of youths were involved in unsafe sex practices that put them at risk of contracting sexually transmitted infections while others get unnecessary pregnancy despite adequate provision of youth friendly sexual and reproductive health services in promoting self-awareness[35,36,37,38,38]. According to the study, the majority of these youths come from poor family while others were forced into sex due to cultural influence and minority were due to poor attitude on practicing safer sex [11,16, 39, 40, 41,42].

In Sub-Saharan Africa, as in much of the rest of the world, a high proportion of people became sexually active during adolescence and the mean age of sexual debut among 14-20-year-olds was 14.4 for boys and 15.9 for girls [11, 17, 43, 44, 45, 46, 47].

Studies done by [12] in East African countries such as Kenya and Tanzania found out that the situation did not differ much on the overall unsafe sex practices in Africa revealed that condom use was very low among adolescents and that among unmarried women aged 15-19, fewer than 15% use condoms in Tanzania and Kenya.

According to [13] in Uganda, safe sex practice among the youths is inadequate. According to [14], Ugandan youths were known to be poor users of contraceptives while according to the Uganda Demographic and Health Survey, contraceptive prevalence rate among youths is reported to be only 7.2% using any method [44, 45, 46, 47, 48]. The majority of these poor safe sex practices are often influenced by low social economic status of the adolescents, cultural practices and beliefs which encouraged early marriage while the influence of cross generational sexual relationships had also been reported as a major influence of unsafe sex among the adolescents [18, 25,48,49,50, 51,52,53].

However, the outcomes of unsafe sex practices in Bushenyi district where KIU-TH is located include the increased prevalence of new HIV infections and increased prevalence of unwanted pregnancies among the youths. Therefore, the study is to timely look at the knowledge, attitude and practice towards condom use among youths attending Kampala International University-Teaching Hospital (KIU-TH).

Problem Statement

A study done by [15] found out globally that youths were greatly faced by risk to unsafe sex despite all the efforts to sensitize adolescents about the dangers of unsafe sex and inadequate utilization of protective measures such as condoms. In Sub-Saharan Africa, a high proportion of people become sexually active during

adolescence and the mean age of sexual debut among 14-20-year-olds is 14.4 for boys and 15.9 for girls, hence becoming predisposed to the risks of unsafe sex due to young age at sexual commencement as well as lack of knowledge on effective condom use [11] [25,26,27,28,29,30,31] Furthermore, studies done by [12] in East African countries such as Kenya and Tanzania found out that the situation does not differ much on the overall unsafe sex practices in Africa. In Uganda, and Bushenyi in particular, unsafe sex is very common among the adolescents as evidenced in a study by [16] which revealed that adolescents got involved into unprotected and unsafe sex practices due to factors like lack of parental support and guidance, peer pressure, substance abuse among many others evidenced by high rates of teenage pregnancies and HIV new infections [32][33].

Aim of the study

To determine the knowledge, attitude and practice towards condom use among youths attending Kampala International University- Teaching Hospital (KIU-TH).

Specific Objectives

1. To assess the knowledge on condom use among youths attending KIU-TH.
2. To identify the attitudes regarding condom use among the youths attending KIU-TH.
3. To determine the practices regarding condom use among the youths attending KIU-TH.

Research Questions.

1. What is the level of knowledge on condom use among youths attending KIU-TH?

Study Design and rationale

The study design used was a cross sectional and descriptive in nature and data analysis was mainly quantitative. This is a type of observational study that analyzes data collected from a population or a representative subset at a specific point in time; it was preferred because it saves time and costs [17].

Study setting and rationale

The study was conducted in KIU-TH which is located in Ishaka town (Ishaka-Bushenyi

2. What is the attitude on condom use among youths attending KIU-TH?
3. How is the practice regarding condom use by youths attending KIU-TH?

Justification of the Study.

This study was intended to assess the knowledge, attitude and practices on condom use among the youths attending KIU-TH. This was greatly to assist health workers and other concerned authorities like parents, teachers and religious leaders to work out more practical ways of improving the youths' knowledge, attitude and practices on condom use.

Similarly, the findings may assist the Ministry of Health (MOH) and Health Planners and Policy makers of which the majority are nurses in identifying the potential areas which still require policy improvements as well as the development of national sensitization programs targeted at youths highlighting the dangers of incorrect and inconsistent condom use.

On the other hand, the study was intended to assist youths attending KIU-TH as they would be beneficiaries of improved and more appropriate sensitization and health education about the dangers of inconsistent and incorrect condom use. This is to depend on the steps taken by the MOH and policy makers depending on the researcher's results.

More to say, the study provides a valuable literature for nursing researchers who intend to undertake similar studies in future and also the recommendations from this study may serve as a basis for further research.

METHODOLOGY

municipality), Bushenyi District, in western Uganda. KIU-TH is located along Mbarara-Kasese highway, estimated about 8.8 kilometers from Bushenyi town. KIU-TH is a multi-disciplinary teaching hospital for medical students, nurses and midwives, pharmacists to mention but a few. Despite its being a teaching hospital, it has become a referral hospital in the region because of its setting. It has over 250 staffs and has well developed wards and patients' health related facilities. For

the purpose of the study, it has a youth medical clinic that offers adolescents friendly Reproductive services which will be of great significance for the researcher to gather data on condom use. Condom use among the youths is very low evidenced by persistent high levels of STIs and unwanted pregnancies hence the reason for selection of this study population so that the KAP of youths on condom use in the area can be assessed.

Study Population

The study targeted male and female youths aged between 15- 24 years attending KIU-TH.

Sample Size Determination

The sample size was determined using [18] formula in which the sample size is given by the expression

$$n = \frac{Z^2 Pq}{d^2}$$

n= Desired sample size

Z= Standard normal deviation usually set as 1.96 for maximum sample size at 95% confidence interval.

P=50% (constant) or 0.5 since there is no measures estimated

Q= 1-p =1-0.5= 0.5 and,

d=degree of accuracy desired 0.12 or 0.12 probability level (at 95% confidence level).

Therefore, by substitution in the formula,

$$\frac{1.96^2 \times 0.5 \times 0.5}{0.12 \times 0.12} = 67$$

There the sample size was 67 respondents

Sampling procedure and Rationale

Due to the readily availability of respondents, the respondents for the study were selected by the use of simple random sampling procedure. In this procedure, the researcher wrote words YES and NO on pieces of paper, folded them, placed them in an enclosed box, shook it and then offered potential respondents an opportunity to participate in the study by picking a piece of paper from the box. Any respondent who picked a paper with the word YES written on it was requested to participate in the study. This continued until the total number of respondents to be interviewed per day was achieved. This method-controlled

biasness since each participant had an equal chance to participate in the study [17]

Inclusion criteria

The study included youths aged between 15 - 24 years and attending KIU-TH, those who allowed to consent or assent to the study.

Exclusion criteria

Those who were sick, with known mental illnesses and those that did not consent were excluded from the study.

Definition of Variables

The independent variables for the study include:

Knowledge, Attitude and Practices of youths towards condom use

The dependent variables for the study include:

Use of condoms

Research Instruments

The researcher collected data from the respondents using a self-administered questionnaire with sections A, B, C and D according to the study objectives. Section A asked participants of their demographic and social characteristics. The questionnaire had both open and closed ended questions. Closed ended questions required the participant to answer either a YES or a NO whereas the open-ended questions, the participant was asked to answer according to their own view, with their own words and understanding. All questions were written in English. Prior to the study, the questionnaire was pre-tested in a tenth of sample size from Ishaka Adventist hospital (the hospital is located in Ishaka town, near KIU-TH) a week before collecting data and adjustment of questions were made accordingly to meet the intended study objectives.

Data Collection Procedure

Self administered questionnaires were used to collect data from respondents (youths) at KIU-TH as they came to be attended to.

Data management

Data management included data editing before leaving the area of study to ensure that there were no mistakes or areas left blank, and any mistakes found were corrected before leaving the area of

study. Data management also included double checking all the questionnaires for completion before losing contact with the respondents. Data was kept in safe custody until the process of analysis began.

Data analysis and presentation

The study data was first analyzed manually, by use of paper and pens and tallying. Data was presented in form of tables, graphs and pie charts using Microsoft Excel 2010.

Ethical Considerations

A letter of introduction was obtained from the head of department, Kampala International University, Western Campus, introducing the researcher to carry out the study. The study only commenced after the objectives of the study had been clearly and well explained to participants to make them understand and have them voluntarily consent to participate in the study. Respondents were assured of maximum confidentiality of all the information given and numbers (codes) were used instead of respondents' names.

RESULTS

Table 1: Socio-Demographic Characteristics of the respondents. N= 67

Socio-Demographic characteristics	Frequency(f)	Percentage (%)
Age of the respondents		
15-19	45	67
20-24	22	33
Gender of the respondents		
Male	29	43
Female	38	57
Marital status of respondents		
Single	57	86
Married	10	14
Divorced	00	00
Level of education		
No formal education	00	00
Primary level	10	15
Secondary level (O and A level)	52	78
Tertiary level	05	07
Occupation		
Students	43	64
House wife	03	04
Self employed	13	20
Employed	08	12
Civil servant	00	00

Table 1 shows that majority of the respondents 45 (67%) were aged between 15-19, and the rest 22 (33%) were aged between 20-24 years. The biggest percentages (57%) were females and the least percentages (43%) were males. Majority of these (86%) were single and 14% were married with none (00%) of them divorced. 10 (15%) had gone through primary education. Those that had both

O'level and A'level certificates were 52 (78%) and those that were at Tertiary level were only 5 (07%). None (00%) of the respondents had no formal education. Majority of the respondents 43(64%) were students. Only 3 (4%) were house wives, those that were self employed were 13 (20%). 8 (12%) were employed and none (00%) of the respondents was a civil servant.

Knowledge on condom use among youths

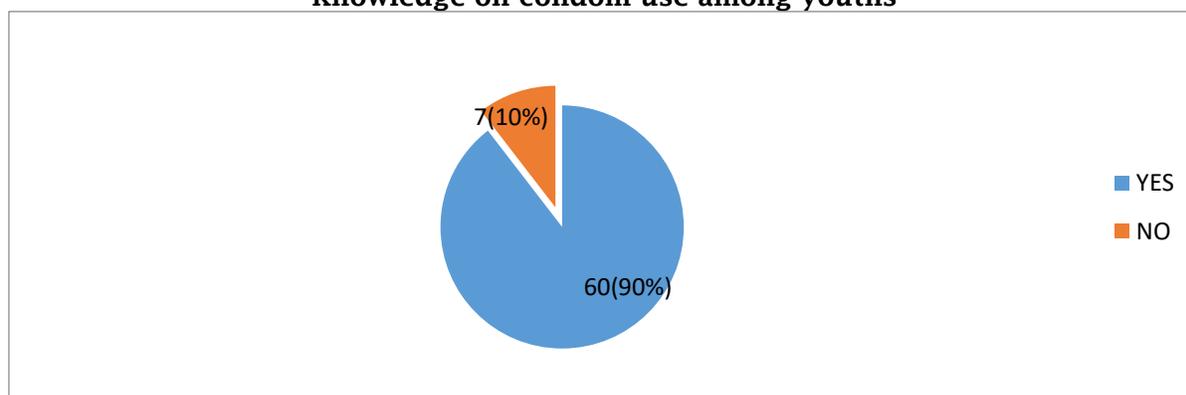


Figure 1: Have you ever got involved in a relationship? N=67

Figure 1 shows that majority of the respondents 60 (90%) had ever got involved in a relationship and only 7

(10%) had never engaged in any relationship.

Table 2: Have you ever heard of safer sex practices. N=67

Opinion	Frequency (f)	Percentage (%)
Yes	55	82
No	12	18
Description of safer sex practices by those who said yes.		
		n=55
A male condom	50	91
Diaphragm	5	9

Table 2 shows that majority of the respondents 55 (82%) had ever heard of safer sex practices and only 12 (18%) had not heard of safer sex practices. For those that said yes, majority 50 respondents

out of the 55 said safer sex practices were all about using a male condom, scoring them 91%. Others 5 (9%) said safer sex practices included the use of a diaphragm.

Table 3: What makes condoms more effective? N=67

Opinion	Frequency(f)	Percentage (%)
Using them consistently	26	39
Using them correctly	30	48
Avoiding errors when using them	11	16

Table 3 shows most of the options that the respondents gave in regard to the effectiveness of condoms. Majority of the respondents 30 (48%) said that condoms

are effective if they are used consistently. 26 (39%) said: using them correctly. 11 (16%) said: avoiding errors while using them.

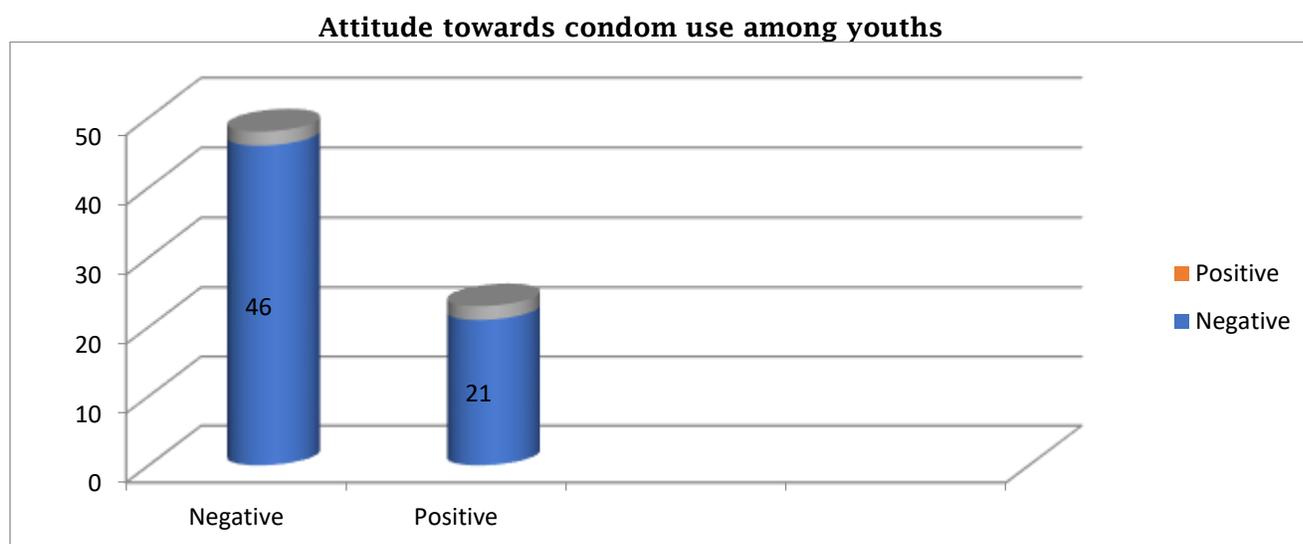


Figure 2: What is your attitude towards the use of condoms? N=67

Figure 2 shows that majority (46) of the respondents had a negative attitude towards the use of condoms and only 21

had a positive attitude towards the use of condoms.

Table 4: Opinions on why youths' attitudes toward condom use is negative. n=46

Opinion	Frequency(f)	Percentage (%)
Condoms are painful	11	24
Condoms cause sores	12	26
Condoms reduce vaginal lubrication	09	20
Condoms make sex unpleasurable	14	30

Table 4 shows opinions that most respondents gave in regard to why their attitude towards condom use was negative. The majority (out of the 46) 14 (30%) said that condoms make sex

unpleasurable, with 11(41%) reporting that condoms were painful. 12 (26%) reported that condoms cause them sores. 09 (20%) reported that condoms reduce vaginal lubrication.

Table 5: Opinions on why youths' attitude towards condom use is positive. n=21

Opinion	Frequency(f)	Percentage (%)
Reduces the risk for HIV/AIDS	08	38
Reduces risk for unwanted pregnancies	06	28
Reduces risk for other STIs and STDs	05	24
I don't trust my partner	02	10

Table 5 shows the most opinions the respondents gave in regard to why their attitude towards condom use was positive. 08 (38%), them being the majority reported that they feared the

risk for HIV/AIDS, 06(28%) had a risk for unwanted pregnancies, 05 (24%) had a risk for other STIs and STDs and only 02 (10%) said that they had no trust for their partners.

Practices on condom use among youths.

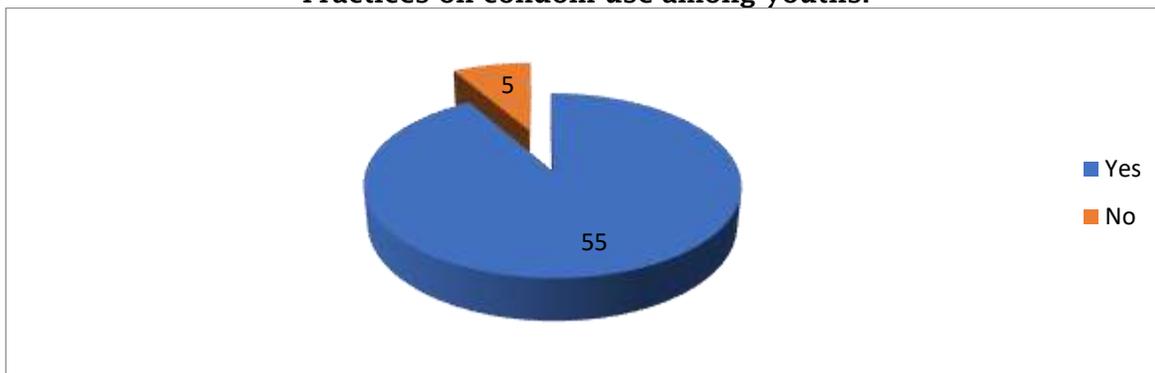


Figure 3: Have you ever had unsafe sex? n=60

Figure 3 shows that majority of the respondents 55 (92%) had ever had unsafe

sex and only 05 (08%) had never had unsafe sex.

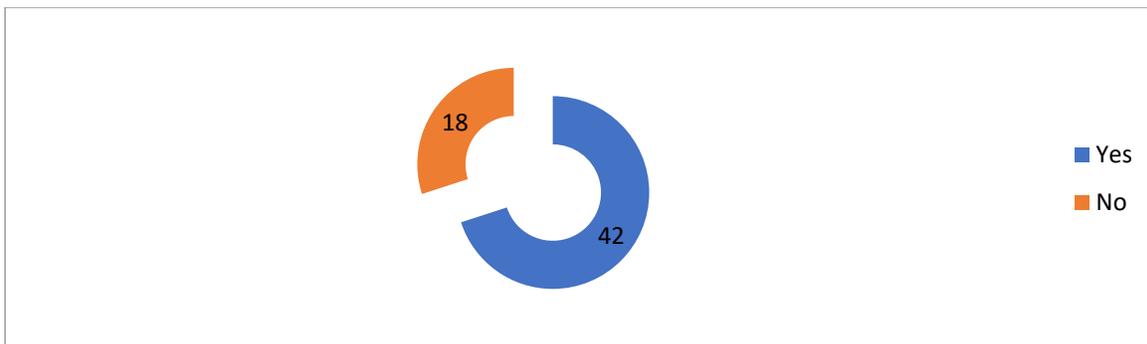


Figure 4: Do you always have unsafe sex practices. n=60

Figure 4 shows that majority 42 (70%) of the respondents always had unsafe sex

and the minority 18 (30%) always had safer sex.

Table 6: Reasons why you always have unsafe sex. n=42

Opinion	Frequency(f)	Percentage (%)
Condoms are painful and cause me sores	07	17
Condoms itch me	09	21
Unsafe sex is more pleasurable	12	29
Condoms burn and make me dry	06	14
I trust my partner	08	19

Table 6 shows that majority of the respondents 12 (29%) said that the reason as to why they always had unsafe sex was that unsafe sex was more pleasurable. 09 (21%) of these respondents said that condoms itch them, 06(14%) said that

condoms burn them and make them dry. 07 (17%) of them reported that condoms are painful and cause them sores. 08 (19%) of these respondents reported that they don't use condoms because they trust their partners.

Table 7: Reasons why you cannot have unsafe sex. n=18

Opinions	Frequency(f)	Percentage (%)
Reduces risk for HIV/AIDS	7	39
Reduces risk for unwanted pregnancies	5	28
Reduces risk for other STIs and STDs	4	22
I don't trust my partner	2	11

Table 7 shows answers that majority of the respondents gave in regard to why they could not have unsafe sex. Majority 07 (39%) of the respondents said that they could not have unsafe sex due to the risk for HIV/AIDS. 05 (28%) said that their fear was the risk for unwanted

pregnancies and 04(22%) there fear was risk for other STIs and STDs. Only 02 (11%) of the respondents said that they don't trust their partners, therefore that is the reason as to why they always had safe sex.

DISCUSSION

Demographic Characteristics

Out of the 67 respondents, majority; 45 (67%) were aged between 15-19 and the rest 22 (33%) were between 20-24 years. 15-19 years is a period of transition to sexual maturity which involves a lot of challenges that require guidance from adults or else may receive information from wrong sources. [8] asserts that lack of information among the youth was characterized by misinformation about sex inaccuracies and myths about condom use and peer influence.

Majority 38 (57%) were females and only 29 (43%) were males. It is usually uncommon for females to dominate quorum in utilization of reproductive services despite being the majority in population due to female marginalisation. Females coming up to utilize adolescent friendly services is of an advantage because females are the most vulnerable to sexual abuse therefore coming up in large numbers indicates females empowerment. 57 (86%) were single with 10 (14%) married and none (0%) was divorced. Majority 52(78%) had gone through both O and A'level (secondary course) and 05(7%) had been through tertiary institutions and none (0%) had no formal education. 43(64%) were students, 13 (20%) were self employed, 08 (12%) and none was a civil servant.

Knowledge on condom use among youths

Majority 60 (90%) admitted having been involved in a relationship where as only 07 (10%) of the respondents had not

started sexual relationships. This is risky because youths lack information regarding sex, and getting involved in sexual relationships put them into a risk to HIV/AIDS and STIs and unwanted pregnancies. [19] revealed that 73% of youths who had initiated sexual relationships lacked adequate knowledge and could not effectively bargain for safer sex due to cross generation sex. Interestingly, 82% had heard about safer sex and knew that safer sex involved condom use. This is different from what [20], [19] [21] in which all studies majority of the youths had inadequate knowledge on condom use. Majority of the respondents 30 (48%) said that condoms are effective if they are used consistently. 26 (39%) said: using them correctly. 11 (16%) said: avoiding errors while using them. This is of great importance that the youths know that condoms are effective when they use them consistently and correctly [34-40]. However, it is of less importance for one to know that condoms are effective and one does not use as 46 (67%) of the respondents have a negative attitude towards condom use and 42 (70%) still have unsafe sex and only 25 (30%) are the only ones who always have safer sex. A study by [22] findings revealed that the overwhelming majority (95.2%) of respondents had poor practices towards effective use of condoms and they hence did not adequately utilize condoms.

Attitudes towards condom use among youths

Majority of the respondents 46 (68%) had a negative attitude and only 21(32%) had a positive attitude towards condom use. A similar study by [23][41][42] about the meanings of sexuality and reproductive health in adolescents from Bogota, where findings revealed that adolescents had negative attitudes and beliefs towards condom use and these attitudes were highly influenced by religious beliefs and outlook towards the use of condoms. It was that some religions did not support the use of condoms and where strongly advising against their use. Majority of the respondents 14 (30%) of the respondents said that condoms make sex unpleasurable. 12 (26%) revealed that condom caused them sores whenever they had sex whereas 09(20%) reported that condoms reduced vaginal lubrication and 11 (24%) said that condoms were painful to them during sex.

Practices on condom use among youths

It was also found out that the respondents knew the risks of having unsafe sex amidst the many reasons portrayed as negative attitude towards condom use where 46 (69%) said that they had a negative attitude towards condom use. Majority 07 (39%) of the respondents said that the they could not have unsafe sex due to the risk for HIV/AIDS. 05 (28%) said that their fear was the risk for unwanted pregnancies and 04(22%) their fear was risk for other STIs and STDs. Only 02 (11%) of the respondents said that they did not trust their partners, therefore that is the reason as to why they always had safe sex. This was of great importance in that most of the respondents knew the problems or effects of failure to use a condom though the majority just

From this study, the majority 55 (82%) had good knowledge about condom use as they had ever heard about safer sex practices and 91% of those that had heard about safer sex practices knew that it was about condom use. However, 9% had little knowledge about safe sex as they related it to being diaphragm use. Furthermore, they knew using condoms consistently,

deliberately refused to use them during sex. Similarly, a study by [22][42] findings revealed that the overwhelming majority (95.2%) of respondents had poor practices. It was also found that majority of the respondents 50 (92%) had ever had unsafe sex and only 05 (08%) are the only ones that had never had unsafe sex. More still, study results indicated that most of the respondents 42 (70%) were still having unsafe sex. This is still a challenge in that despite teachings and awareness creation on the risks of having unsafe sex practices, youths have cared less to opt for safer sex. A study by [24][33][41] revealed that adolescents had negative practices of not using condoms each time they had sex or even with prostitutes.

When the respondents were asked for their continued having unsafe sex, major opinions that were raised by the majority were that; majority of the respondents 12 (29%) said that the reason as to why they always had unsafe sex was that unsafe sex was more pleasurable. 09 (21%) of these respondents said that condoms itch them, 06(14%) said that condoms burn them and make them dry. 07 (17%) of them reported that condoms are painful and cause them sores. 08 (19%) of these respondents reported that they don't use condoms because they trust their partners.

Respondents were asked to give in their opinions for why they cannot have unsafe sex. 07 (39%) to reduce the risk for HIV/AIDS. 05 (28%) said that their fear was to reduce risk for unwanted pregnancies and 04(22%) there fear was risk for other STIs and STDs. Only 02 (11%) of the respondents said that they don't trust their partners. This is of a great significance in that majority of the youths knew the challenges that can arise due to unsafe sex practices.

CONCLUSION

correctly and avoiding errors would make condoms more effective.

On the issue of attitude, this study identified majority 46 (69%) had negative attitudes towards condom use as they believed it causes pain, sores, reduction of vaginal lubrication and making sex unpleasurable. Nevertheless, those that had positive attitude were 21 (31%) and

believed condom use would reduce HIV/AIDS and other STDs reduce unwanted pregnancy and also never trusted their partners.

Furthermore, majority of the respondents had poor practices towards condom use as 55 (92%) had ever had unsafe sex where

Gabula as 42 (70%) still do have unsafe sex and only 25 (37%) are the only ones that employ safer sex practices. However, respondents believed that condoms are painful, itchy, cause sores and make sex unpleasurable. These were the reasons why they never used condoms at all.

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